



WAASEGIIZHIG
NANAANDAWE'YEWIGAMIG

Agichi'giizhgoonsag Registration

(Wise Young Warrior Suns)

CLIENT INFORMATION					
First Name:		Last Name:			
DOB (dd/mm/yr):		Gender:			
Phone:		Email:			
Community:		School:			
<input type="checkbox"/> I give permission for WNHAC to contact me for scheduling purposes					
Client Signature:					
What interests you about the Agichi'giizhgoonsag Program?					
REFERRAL INFORMATION					
Person Completing Registration:			<input type="checkbox"/> Self (move to next section)		
First Name:		Last Name:			
Phone:		Email:			
Nature of Role with Client:					
LEGAL GUARDIAN CONTACT INFORMATION					
First Name:		Last Name:			
Address:					
Phone:		Email:			
Relationship to Client:					
Legal Guardian Aware of Referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permission to Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADDITIONAL FAMILY CONTACT INFORMATION					
First Name:		Last Name:			
Address:					
Phone:		Email:			
Relationship to Client:					
Permission to Contact as Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

